

REQUEST FOR INCOME TAX CLEARANCE FOR RENAISSANCE ZONE BENEFIT ACT

Requesting Department/Division: Renaissance Zone

Contact: Kim Miller

Phone: 313-224-3053

A. To: City of Detroit
Income Tax Division
Coleman A. Young Municipal Center
2 Woodward Avenue, Ste. 512
Detroit, Michigan 48226

Phone: (313) 224-3328 or 224-3329
Fax: (313) 224-4588

Clearance for: Individual
or Company Name: _____

Address: _____

City: _____

State: _____ Zip _____

Phone # _____ Fax# _____

E-mail: _____

B. Name of Chief Financial Officer/authorized contact person
(Include address if different from above)

Phone # _____

Fax # _____

E-mail: _____

C. Employer Identification or
Social Security Number

Spouse's Social Security #

Nature of Clearance: Renaissance Zone Tax Benefit

D. ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVAL PROCESS. ANY QUESTIONS NOT ANSWERED MAY RESULT IN A DENIAL OF INCOME TAX CLEARANCE.

Check One: Individual

Corporation

Partnership

E. INDIVIDUALS, ANSWER QUESTIONS 1, 2, 3, and 4.

1. Have you filed joint returns with a spouse during the last seven (7) years?
(If yes, include spouse's Social Security Number above) Yes No
2. Are you a student, and /or claimed as a dependent on someone else's tax return? Yes No
3. Were you employed during the last seven (7) years? Yes No
4. Were you a resident of Detroit during the last seven (7) years? Yes No

F. CORPORATIONS AND PARTNERSHIPS, ANSWER QUESTIONS 5, 6, and 7.

5. Is the company a new business in Detroit?
If yes, attach Employer Registration (Form DDS-4) Yes No
6. Will the company have employees working in Detroit? Yes No
7. Will the company use subcontractors or independent contractors in Detroit? Yes No

FOR INCOME TAX USE ONLY

Has the applicant complied with the provisions of the City Income Tax Ordinance?

Yes No Signature _____ Date _____ Expires _____

Yes No Signature _____ Date _____ Expires _____

Yes No Signature _____ Date _____ Expires _____